

Case Number:	CM15-0000148		
Date Assigned:	01/09/2015	Date of Injury:	12/24/2003
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female who sustained an industrial injury on 12/24/2003. She has reported persistent low back pain. The mechanism of injury and all previous treatment modalities were not included for review. The diagnosis has included lumbo-sacral radiculopathy. Treatment to date has included lumbar 3-4, 4-5 and lumbar 5-sacral 1 complete discectomy and interbody fusion, steroid injections, therapy and medication management. Currently, the IW complains of increased pain in the lower back and left lower extremity. The plan of care included an electromyography (EMG) of the left upper and left lower extremity and Lactulose 1 pint-15-30 milli-liters daily as needed. On 12/16/2014, Utilization Review non-certified the Lactulose, noting the lack of medical necessity. On 12/16/2014, Utilization Review non-certified the electromyography (EMG), noting the lack of physical examination of the left upper extremity to support medical necessity and the lack of acute changes in neurological function documented. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12-31/2014, the injured worker submitted an application for IMR for review of Electromyography (EMG) and Lactulose.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG/NCV of LUE & LLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 303, 310.

Decision rationale: In the lower extremity EMG's (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. In this case the patient has a known case of lumbo-sacral radiculopathy. EMG of the lower extremity is not indicated. In the upper extremity electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the patient is not experiencing symptoms of left upper extremity radicular pain and physical examination of the upper extremity is not documented. Medical necessity has not been established. The request should not be authorized.

Lactulose 1PT 15-30cc QD PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Opioid-induced constipation treatment

Decision rationale: Lactulose is a laxative. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. If prescribing opioids has been determined to be appropriate, then ODG recommend that prophylactic treatment of constipation should be initiated. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Second-line: If the first-line treatments do not work, there are other second-line options. About 20% of patients on opioids develop constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the

central nervous system, so treating these patients is different from treating a traditional patient with constipation. Second line options include methylnaltrexone and lubiprostone. In this case there is no documentation to support that the patient has been suffering from constipation. There is no indication for the lactulose. The request should not be authorized.